

ENERGY EFFICIENCY CERTIFICATION

DATE: _____

APPLICANT: _____

APPLICANT CONTACT: _____

APPLICANT TELEPHONE #: _____ FAX: _____

DEVELOPMENT NAME: _____

Pursuant to the Energy Star rating guidelines established by the U.S. Environmental Protection Agency (EPA), the above referenced Development will include Energy Star rated materials and appliances in all units and/or common areas as set forth below:

HEATING SYSTEM: Manufacturer Name: _____

Product Family Name: _____

AFUE: _____

COOLING SYSTEM: Manufacturer Name: _____

Product Family Name: _____

Product Type: _____

SEER/HSPF/EER Rating _____ Model Number/Series: _____

WINDOWS: Manufacturer Name: _____

Res or Non-Res: _____ NFRC U Factor Rating: _____

NFRC SHGC Rating: _____ NFRC VT Rating: _____

REFRIGERATOR: Manufacturer Name: _____

Product Class: _____ Maximum Energy Use: _____

DISHWASHER: Manufacturer Name: _____

Minimum Energy Factor: _____

WASHER: Manufacturer Name: _____

Modified Energy Factor: _____ Capacity: _____ Product Type: _____

DRYER: Manufacturer Name: _____

Energy Factor: _____ Capacity: _____ Gas or Electric: _____



ROOF: Manufacturer Name: _____

Brand: _____ Model: _____

Type: _____

Initial Solar Reflectance: _____ Solar Reflectance after 3 years: _____

Low or Steep Slope: _____ Warranty (years): _____

STOVE/RANGE: Manufacturer Name: _____

Type of pilot ignition: _____

INSULATION: Manufacturer Name: _____

TYPE OF INSULATION: _____

Type of Heating/Cooling System: _____

Insulation Location	R-Value
Attic	
Floor	
Wall	

ACKNOWLEDGMENT OF OWNER

OWNER

Signature: _____

Printed Name: _____

Title (if applicable): _____

STATE OF INDIANA)

) SS:

COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, [the _____ of _____ ("Owner")], and, being duly sworn, acknowledged the execution of the foregoing agreement was his (her) voluntary act and deed [on behalf of Owner], and stated that any representations contained therein were true and correct.

Witness my hand and Notarial Seal this _____ day of _____, 200_.

County of Residence: _____

Notary Public

Commission Expires: _____

